

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Individually identifiable information, maintained in the Arizona Department of Health Services (ADHS)/Children's Rehabilitative Services (CRS) designated record set, about your past, present, or future health or condition, or payment for the health care is considered "Protected Health Information" (PHI). This notice explains how we will use, share and protect your health information. This notice also explains the rights you have to privacy of your health information as required by law. ADHS/CRS may change our policies at any time. However, before we make a material revision to our policies, we will change our Notice of Privacy Practices and a revised notice will be delivered as required by law. You can also request a copy of our notice at any time by accessing our website at www.hs.state.az.us or by calling the Privacy Officer's number listed on page three (3) of this notice.

As a member of the ADHS/CRS Program, you should also receive a notice like this one from your CRS clinic explaining how they will use, share and protect your health information, explain your rights, and explain how to file a complaint to the CRS clinic about any problems you may have with them regarding the privacy of your health information.

Uses, Sharing and Protection of Health Information:

The law only allows the ADHS/CRS staff to use your health information when doing their jobs or to share your information when it is necessary to run the ADHS/CRS program. When health information is shared with other agencies or organizations, we require them to keep your health information confidential and to use the information for the purpose intended.

ADHS/CRS will use and share your health information to:

- Request funding to pay for the medical services and supplies provided to you.
- Evaluate the performance of your CRS health care providers. For example, we may use your medical information to conduct quality improvement activities such as evaluating whether CRS doctors, or other health care professionals provided the services and care you needed.
- Release information to its attorneys, accountants, and consultants so that the program is run efficiently and to detect and prosecute program fraud and abuse.
- Mail to you program updates or family satisfaction surveys.
- Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

ADHS/CRS may disclose your health information:

- To public health agencies for activities such as disease control and prevention, including surveillance activities, to prevent a serious threat to a person's or the public's health and safety.
- To law enforcement officials if you are the victim of abuse, neglect or domestic violence.
- To health oversight agencies responsible for the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights. Or other federal agencies that may need medical information to monitor ADHS/CRS compliance with state and federal laws.
- In court cases or judicial and administrative hearings if ADHS/CRS is ordered to do so. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.
- To workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- To coroners, medical examiners, and funeral directors so that they can carry out their duties as required by law.
- To organizations involved with organ donation and transplantation, communicable disease registries and cancer registries.
- To entities authorized to conduct a research project.
- To correctional facility or law enforcement officials to maintain the health, safety, and security of the corrections systems, if you are held in custody.
- To the military if you are or have been a member of the armed services.
- To law enforcement or federal officials for intelligence and national security purposes, for presidential Protective Services and to prevent a serious threat to health or safety of others.
- For other purposes as permitted or required by law.

Your Rights to Privacy:

If ADHS/CRS wishes to make a use or disclosure of your medical information for a purpose that is not discussed in this Notice, ADHS/CRS will seek your permission. If you give your permission to ADHS/CRS, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information.

ANY REQUEST YOU MAKE TO ADHS/CRS MUST BE IN WRITING**Your Other Rights Concerning Your Health Information in the ADHS/CRS Designated Record Set Include the Right to:**

- See and Get Copies of Your ADHS/CRS Information, you may be charged a fee for the cost of copying your information.
- Request to Amend or Correct Your ADHS/CRS Information if you think there is a mistake. You must provide a reason for your request.
- Obtain a List of Disclosures made after April 14, 2003. This list will not include the time that information was disclosed for payment or program operations. The list will not include information provided to you or your family directly, or information that was sent with your authorization. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year.

- Request to Further Restrict Uses and Disclosures of Your Health Information. You have the right to request us not to make uses or disclosures of your health information to seek payment for care, or to operate the program. We are not required to agree to your request, but if we do agree, we will comply with that agreement.
- Request How ADHS/CRS Communicates with You. You have the right to request us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail.
- File a Complaint if you do not agree with how ADHS/CRS has used or disclosed information about you.
- Receive a Paper Copy of this Notice

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How to Contact ADHS/CRS Regarding Your Privacy Rights:

Prior to August 15, 2003

Arizona Department of Health Services
Children's Rehabilitative Services
2927 North 35th Avenue, Suite 200
Phoenix AZ 85017

After August 15, 2003

Arizona Department of Health Services
Children's Rehabilitative Services
150 North 18th Avenue, Suite 330
Phoenix AZ 85007

How to File a Complaint:

If you believe your privacy rights as listed in this notice have been misused or you wish to file a complaint, please write or contact the office listed below:

Arizona Department of Health Services
Agency Privacy Officer
1740 West Adams – Room 101
Phoenix, AZ 85007
Phone (602) 364-1560

You may also file a written complaint with the federal government, Secretary of the Department of Health and Human Services. To ask for a complaint form, write to:

US Dept of Health & Human Services
Office of Civil Rights
Regional Manager, CMS Region IX
50 United Nations Plaza., Room 322
San Francisco, CA 94102

ADHS/CRS will not penalize you or retaliate against you in any way for filing a complaint.

ADHS/CRS may change its Notice of Privacy Practices. A copy of any new notice will be posted in the ADHS/CRS Office as well as on its website. You may ask for a copy of the current notice at any time or obtain it on-line at www.hs.state.az.us.